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CONFIRMATION NO. 5366

<b>SERIAL NUMBER</b> 10/665,974	<b>FILING OR 371(c) DATE</b> 09/18/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> 022128-000300US
<b>APPLICANTS</b> Mark E. Deem, Mountain View, CA; Hanson Gifford III, Woodside, CA; William Malecki, San Francisco, CA; Kenneth Horne, Palo Alto, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/458,854 03/27/2003 and claims benefit of 60/478,035 06/11/2003 and claims benefit of 60/490,082 07/24/2003 <i>UP</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None UP</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 12/11/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature <i>Michael [Signature]</i> Initials <i>[Signature]</i>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 53
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 20350				
<b>TITLE</b> Methods and apparatus for treatment of patent foramen ovale				
<b>FILING FEE RECEIVED</b> 1032	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	